

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/2/03.

I. DISPUTE

Whether there should be reimbursement for psychiatric evaluation – 90825 and preparation of report – 90889 conducted 1/22/03 and denied by the carrier on the basis of “A” – lack of preauthorization.

II. RATIONALE

Rule 134.600 (b)(1) states, “The insurance carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury... when...

- (B) preauthorization of any health care listed in subsection (h) of this section was approved prior to providing the health care;”

Rule 134.600 (h) states, health care requiring preauthorization includes...(i)

- (4) all psychological testing and psychotherapy, repeat interviews, and biofeedback; except when any service is part of a preauthorized or exempt rehabilitation program;

The requestor disputes that preauthorization was required because they did not consider the service “testing” but instead an intake interview. On this same date of service, the requestor billed 90801 – psychological evaluation of records. This was paid by the carrier under the 1996 Medical Fee Guideline.

The report of 1/22/03 from the requestor states, “Based upon the information gathered through the Initial Clinical Intake, Mental Status Exam, Behavior Observation, Patient Symptoms Rating Scale and Pain Drawing, the following is a provisional psychological diagnosis:”

The requestor did not make clear what records were examined, what tests were ordered or who reviewed the records. The “Provisional Diagnosis... Global Assessment of Functioning Scale Score... and psychosocial stressor scale score...” indicate testing. On this basis, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 90825 and preparation of report – 90889.

The above Findings and Decision are hereby issued this 18th day of December 2003.

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Medical Dispute Resolution Officer
Medical Review Division

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